

Generic Service & Support Provider Checklist

Name of Provider: _____

Contact Person: _____

Phone No.: (808) _____

Website: http://

E-mail:

Fax:

Address:

Days and Hours of Operation:

Type of Service

- | | |
|---|---|
| <input type="checkbox"/> In-home care | <input type="checkbox"/> Community Health & Social Services |
| <input type="checkbox"/> Residential Facilities | <input type="checkbox"/> Medical Services |
| <input type="checkbox"/> Caregiver Resources | <input type="checkbox"/> Care Coordination |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Long-term Care |
| <input type="checkbox"/> Adult Day Program | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Food/M meal Services |
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Assistive Technology |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Escort Services |
| <input type="checkbox"/> Recreational Services | <input type="checkbox"/> Support Group Contacts |
| <input type="checkbox"/> Legal Assistance | <input type="checkbox"/> Other: |

Ask contact person about the services being offered. Do the services being offered match up with what you are looking for?

How so?

How to Apply for Services:

Ask what background information you should bring to the Office (1st visit)...

What are the Eligibility Criteria for receiving services?

Citizenship required?

Acceptable funding sources:

Age Range is being served?

Spaces Available:

- ☐ Call for space available?
- ☐ Make appointment?
- ☐ First come, first serve?

Your service location (where you will be served)

- ☐ Home visit
- ☐ Office visit
- ☐ Program locale (specify):
- ☐ Facility locale (specify):
- ☐ Other:

Provider Qualifications:

- ☐ Licensed?
- ☐ Site certified?
- ☐ Site accredited?
- ☐ Other:

What disability populations are serviced?

- ☐ All disabilities
- ☐ Deaf/Hard of Hearing
- ☐ Physical/Orthopedic
- ☐ Speech/Communication
- ☐ Cognitive
- ☐ Learning Disability
- ☐ Psychological/Behavioral
- ☐ Low Vision/Blind
- ☐ Other:

Service Costs - Accepted Payments

- ☐ Private Insurance Agency
- ☐ Medicaid
- ☐ Medicare
- ☐ Veterans Administration
- ☐ Private Pay
- ☐ Discounted Rate
- ☐ Other:

Guarantee/Warranty of Product or Services?

- ☐ For Service
- ☐ For Parts
- ☐ For Replacement
- ☐ Refund
- ☐ Retake Treatment (free, reduced cost)
- ☐ Hawaii's "lemon law" for Assistive Technology.

Need Road Map to Site?

- ☐ Click on Expedia.com (<http://www.expedia.com/pub/agent.dll?qscr=mmfn>) and type in the name of the street of your provider's business office, then print to get a map of the local area.

- Click on Expedia.com (<http://www.expedia.com/pub/agent.dll?qscr=mrfn>) and type in the name of your street and name of street that the provider's business office is situated at, then print out to provide you with map and directions on how to get from your address to the provider's address.

Transportation Concerns

- Will you be using mass transit or a private vehicle for transportation?
- What are traffic conditions like?

Is there handicap parking?

Is the parking free? If charge, how much?

History of Consumer Complaints

Hawaii's Better Business Bureau

1132 Bishop suite 1507; Phone: 536-6956

Ask if there are any complaints or reports about this business or person.